

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:

County Worcester
 City or town Pocomoke
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 months
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State MD County Worcester
 City or town Rural Pocomoke
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Alonzo D. Byrd

3. (b) Social Security Number

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed
 6. (b) Name of husband or wife M. Florence Byrd
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) June 19, 1872
 8. AGE: Years 76 Months 5 Days 24 If less than one day _____ hrs. _____ min.

9. Birthplace Pocomoke, Worcester Co., Md.
 (Town, county, and state)
 10. Usual occupation Farming
 11. Industry or business _____
 12. Name William T. Byrd
 13. Birthplace Virginia
 14. Maiden name Myrtle F. Baldwin
 15. Birthplace Virginia

16. Informant Mrs Ashten Young
 Address Pocomoke, Md.
 17. Buried Date thereof Dec 16, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematorium Shells Hill Baptist
 Location Pocomoke
 18. Funeral director Sherry & Watson
 Address Pocomoke, Md.
 19. Dec 15 1948 Anne E. White
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 13, 1948 at 12:30 PM
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1948 to 11-13-48 and that I last saw him alive on Dec 12, 1948
 Immediate cause of death Cerebral Scurvy
 DURATION 4 mo
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.
 22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____
 23. SIGNATURE Ashten Young M. D. or other _____
 Address Pocomoke, Md. Date signed Dec 15-48

RECEIVED

DEC 17 1948

BUREAU V. S.

EVIDENCE FOR ADDITION
OF DATE OF DEATH, AGE &
BIRTH DATE IS ON.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 119 MAR 11 1949 CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH- COUNTY <u>Worcester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Wosh.</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Pocomoke</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>rural Pocomoke</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (First) <u>MANUEL</u> (Middle) (Last) <u>CANADA</u>		4. DATE OF DEATH (Month) <u>Dec.</u> (Day) <u>28</u> (Year) <u>1948</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>yes</u>	8. DATE OF BIRTH <u>APPROX. 1857</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday (If under 1 year Months Days Hours Min.) <u>approx 91</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>unknown</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>unknown</u>		14. MOTHER'S MAIDEN NAME <u>unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY No.	17. INFORMANT

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Unknown</u>			
Antecedent cause(s) (b) <u>2008</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Lived alone - usually money on his person was found Pocomoke house had renter of the house</u>			

11. OTHER SIGNIFICANT CONDITIONS		20. AUTOPSY?	
Conditions contributing to the death but not related to the disease or condition causing death		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		

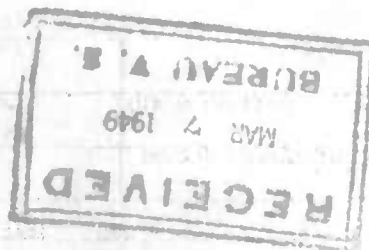
21. ACCIDENT (Specify) <u>(?)</u>	PLACE (Home, farm, factory, street, office bldg., etc.) <u>his home</u>	(CITY OR TOWN) <u>Pocomoke City</u>	(COUNTY) <u>Worcester</u>	(STATE) <u>MD</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED White at Work <input type="checkbox"/> Not White At work <input type="checkbox"/>	HOW DID INJURY OCCUR <u>at home during life</u>		

22. I hereby certify that I attended the deceased from <u>at home</u> , 19 <u>48</u> , to <u>at home</u> , 19 <u>48</u> , that I last saw the deceased <u>dead</u> on <u>2nd 28 1948</u> and that death occurred at <u>at home</u> , from the causes and on the date stated above.		
SIGNATURE <u>N. E. Satorius</u>	ADDRESS <u>Pocomoke City Md</u>	DATE SIGNED <u>3/4/49</u>

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>3/4/49</u>	NAME OF CEMETERY OR CREMATORY <u>Shells Hill Cemetery</u>	LOCATION (City, town, or county) <u>Rural Pocomoke</u>	(State) <u>MD</u>
DATE RECD BY LOCAL REG. <u>March 4, 1949</u>	REGISTRAR'S SIGNATURE <u>Anne E. White</u>	24. FUNERAL DIRECTOR <u>Henry S. Watson</u>	ADDRESS <u>Pocomoke Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:

County Worcester
City or town Berlin
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? all life
Hospital, institution, or street address where death occurred:
Berlin, Md
How long in hospital or institution? No

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester
City or town Berlin
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2. (a) If veteran, name war no

3. (a) FULL NAME

John H. Fooks

3. (b) Social Security Number

no

4. Sex Male 5. Color or race a a 6. (a) Single, married, widowed, or divorced widowed
6. (b) Name of husband or wife Hester Fooks
7. Birth date of deceased (mo., day, yr.) 1877 8. (c) If alive, give age _____ years
8. AGE: Years 71 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Berlin, Worcester Co. Maryland
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Same as above

12. Name Henry Fooks

13. Birthplace Berlin, Maryland

14. Maiden name Eather - Fooks

15. Birthplace Berlin, Maryland

16. Informant Mrs. Lizzie E. Purnell

Address Berlin, Maryland

17. Burial Date thereof 12-22-48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Family Cemetery

Location near Berlin, Md.

18. Funeral director James F. Stewart

Address 402 E. Church St. Salisbury, Md.

19. 12-22 48 Helen F. Hayward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-18-48 19____ at 8:55P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/1/48 19____ to 12/18/48 19____
and that I last saw him alive on 12/17/48 19____

Immediate cause of death Chronic myocarditis

Due to Hypertension

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Mens of injury _____ Injured at work? _____

23. SIGNATURE Helen F. Hayward

Address Berlin Md Date signed _____

MARGIN RESERVED FOR BINDING

VS A15

9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 27 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12968

Reg. Dist. No. 357

1. PLACE OF DEATH:

County Worcester Co.

City or town (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester Co.

City or town (If outside city or town limits, write RURAL and give nearest town)

Street No. RD. #1, Salisbury Md. (address) (If rural, give LOCATION)

2(a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

FemaleWhiteMarried

6. (b) Name of husband or wife

Michael J. Forks

7. Birth date of

deceased (mo., day, yr.)

Oct. 15 - 18816. (c) If alive, give age 74 years

8. AGE:

Years

Months

Days

It less than one day

67127

hrs.

min.

9. Birthplace

Morris Md.

(Town, county, and state)

10. Usual occupation

Home wife

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. General Director

Address

19.

(Date rec'd by registrar)

19. 48

LeRoy Smith

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec. 12

19

at

48 353 P

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

May 1947 to Dec 1948and that I last saw Dec 12 alive on Dec 12

Immediate cause of death

Metastatic Carcinoma
to brain & bone.

Due to

Carcinoma of left
breast.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

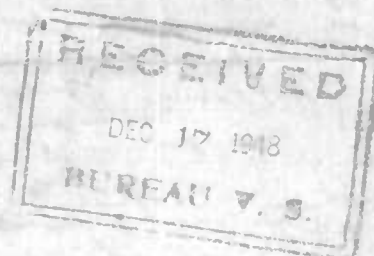
John H. Yeaman M.D.

M.D. or other

Address

238 Camden St.Date signed 12-13-48

11-42
1948-12-12
67-10-15
1881-1-27



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. **3.55**

1. PLACE OF DEATH:

County **Worcester**
City or town **Rural - Ocean City**
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? **16 years**
Hospital, institution, or street address where death occurred:
West Ocean City Blvd.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State **Maryland** County **Worcester**
City or town **Rural - Ocean City**
(If outside city or town limits, write RURAL and give nearest town)
Street No. **West Ocean City Blvd.**
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Minus Parker Gray

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) **June 12, 1864**

8. AGE: Years Months Days If less than one day
84 6 13 hrs. min.

9. Birthplace **Berlin, Wor. Co. Md.**
(Town, county, and state)

10. Usual occupation **Carpenter**

11. Industry or business **General construction**

12. Name **Harry Gray**

13. Birthplace **Berlin, Md.**

14. Maiden name **Nancy Watt**

15. Birthplace **Berlin, Md.**

16. Informant **Laura Eitel**

Address **Berlin, Md. R.F.D. 2nd**

17. **Burial** Date thereof **12/28/48**
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory **Methodist Cem.**

Location **Snow Hill, Md.**

18. Funeral director **Dune A. Buehner**

Address **Berlin, Md.**

19. **12-28-48** **Helen J. Hayward**
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **25 Dec 1948** at **7:10** M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **25 Dec 1948** to **25 Dec 1948** and that I last saw him alive on **25 Dec 1948**

Immediate cause of death **Coronary Occlusion** DURATION **72 hours**

Due to **Coronary Sclerosis** **2 yrs**

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

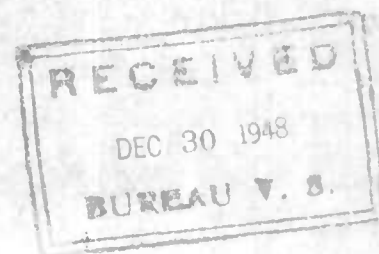
23. SIGNATURE **Nathaniel K. Thomas** M, D. or other
H. P. 2 Berlin Address Date signed **26 Dec 48**

MARGIN RESERVED FOR BINDING

9-45-15M

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:

County Worcester
City or town 206 N. 4th St. Ocean City
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 year
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Ohio County Summit
City or town Hulland
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2(a) If veteran, name war _____

3. (a) FULL NAME

Edwin H. Hayman M.D.

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Rosa M. Hayman
6. (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) April 15 - 1868

8. AGE: Years 80 Months 8 Days 5 If less than one day _____ hrs. _____ min.

9. Birthplace Pittsville, Wisconsin, Md
(Town, county, and state)

10. Usual occupation Retired Physician

11. Industry or business _____

12. Name Joseph Hayman

13. Birthplace Maryland

14. Maiden name Rosea Parsons

15. Birthplace Maryland

16. Informant Mrs Rosa M. Hayman

Address 206 N. 4th St. Ocean City Md

17. Burial (Burial, cremation, or removal, Which?) Burial Date thereof Dec 27/48
(month) (day) (year)

Cemetery or crematory Methodist

Location Hulland, Ohio

18. Funeral director Clay E. Dennis

Address Snook Hill Md

19. 12-24 48 Helen F. Hayward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23 19 48 at 11 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to _____ 19 _____
and that I last saw him alive on undead Dec 24 19 48

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE N. S. Gostomirsky
Deputy Medical Examiner or other _____

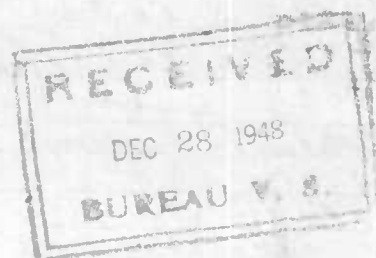
Address Baltimore City Md Date signed 12/24/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 357

1. PLACE OF DEATH:

County Worcester
 City or town Newark, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 years
 Hospital, institution, or street address where death occurred
Mill Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Worcester
 City or town Newark, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Mill Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

CHARLOTTE ELLEN JACKSON

3. (b) Social Security Number

4. Sex F 5. Color or race White 6.(a) Single, married, widowed, or divorced widowed
 6.(b) Name of husband or wife John H. Timmons
 6.(c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) Jan. 28, 1857
 8. AGE: Years 91 Months 11 Days 14 If less than one day hrs. min.
 9. Birthplace Newark Wor. Co. Md.
 (Town, county, and state)
 10. Usual occupation House wife
 11. Industry or business

12. Name George Jackson
 13. Birthplace Newark, Md.
 14. Maiden name C. Richardson Jackson
 15. Birthplace Newark, Md.
 16. Informant Mrs Lotta Bradford
 Address Ocean City, Md.
 17. Burial Date thereof 12/17/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Evergreen Cem.
 Location Berlin, Md.
 18. Funeral director James D. Bumbage
 Address Berlin Md.
 19. 12/16 19 48 ReDay Smith
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 14, 1948, at 11:30 M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1, 1940 to Dec 14, 1948
 and that I last saw him/her alive on Dec 14, 1948
 Immediate cause of death Myocarditis
Chronic
 Due to My perterension
 Due to Chronic Int. Nep.
 Other conditions
 (Include pregnancy within 3 months of death)
 Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Clifford E. DeWitt
Berlin Md M. D. or other
 Address Date signed

RECEIVED
DEC. 22 1948
BUREAU T. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 12972 350

1. PLACE OF DEATH:

Country

City or town

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

6. (c) If alive, give age..... years

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

9. Birthplace

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal, which?)

Date thereof

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

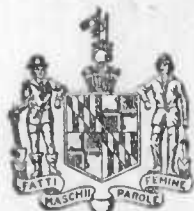
Address

Date signed

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DEC 28 1948

BUREAU V. S.



State of Maryland
Department of Health

TWENTY-THIRD SANITARY DISTRICT
WORCESTER COUNTY

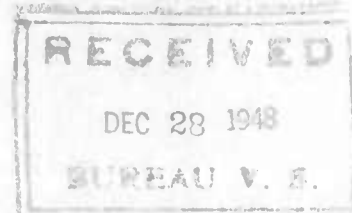
STATE BOARD OF HEALTH

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DEPUTY STATE HEALTH OFFICER
AND COUNTY HEALTH OFFICER
FREDERICK S. WAESCHE, M.D.

POCOMOKE CITY, MD.

December 27, 1948



Dr. A. W. Hedrich,
Chief, Bureau of Vital Statistics,
Maryland State Department of Health,
2411 N. Charles Street,
Baltimore - 18, Md.

Dear Doctor Hedrich:

The attached certificate of death for Tobie Jackson, Jr., who was burned to death on December 12th, was delivered to me on the afternoon of December 24th at the Episcopal Church, where I was engaged in a rehearsal of music for a midnight service on Christmas Eve. Inasmuch as Mr. Gill stated that he was shipping the body to Alabama on the afternoon train, it was necessary that I leave the Church and come to the office to issue the permit.

However, in the rush of events over the week-end, I did not get to copy the certificate, which accounts for the delay in forwarding.

The Undertaker was contacted regarding the date of burial, which information he was unable to give.

Very truly yours,

Anne E. White
Anne E. White,
Acting Registrar.

Encl.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3174

1. PLACE OF DEATH:

County WarrentonCity or town Stockton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 18 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WarrentonCity or town Stockton
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

Etta Mae Jacobs

3. (b) Social Security Number

4. Sex

Female

5. Color or race

Caucasian

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age. _____ years

7. Birth date of

deceased (mo., day, yr.)

Feb. 10, 1930

8. AGE:

Years

Months

Days

If less than one day

18109

hrs.

min.

9. Birthplace

Stockton, Md.

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

FATHER

12. Name

Aaron Jacobs

13. Birthplace

Stockton, Md.

MOTHER

14. Maiden name

Bernice Nemichaw

15. Birthplace

Stockton, Md.

16. Informant

Address

Stockton, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Dec 21, 1948

Cemetery or crematory

Holy Comfort Cemetery

Location

Stockton, Md.

18. Funeral director

Address

Wm. B. BessettStockton, Md.

19. Dec. 21

(Date rec'd by registrar)

19 48Mary M. Taylor

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19, 1948 at 12:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 18, 1948 to Dec. 19, 1948and that I last saw him alive on Dec. 18, 1948

Immediate cause of death

Acute Pulmonary Edema

DURATION

1 day

Due to

Rheumatic Heart Disease2 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed 12-19-48

UNITED STATES DEPARTMENT OF AGRICULTURE

CERTIFICATE OF DEATH

RECEIVED

DEC 27 1948

BUREAU V. E.

EVIDENCE FOR ADDITION
IN #22 SHOWDOWN
FILM No. G 110 JAN 25 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

12974

351

1. PLACE OF DEATH:

County Worcester
City or town Snow Hill - Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 years
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Worcester
City or town Rural - Snow Hill
(If outside city or town limits, write RURAL and give nearest town)
Street No. Newark-Snow Hill Highway, Snow Hill R.F.D.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Hattie Melissa Johnson

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White widowed

6. (b) Name of husband or wife Jerome W. Johnson

7. Birth date of deceased (mo., day, yr.) Jan. 31, 1868
6. (c) If alive, give age — years

8. AGE: Years 80 Months 11 Days 2 If less than one day
hrs. min.

9. Birthplace Berlin Wor. Co. Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Ara Burton

13. Birthplace Md.

14. Maiden name Mahala Brittingham

15. Birthplace Md.

16. Informant Mrs Raymond Pruitt

Address Berlin, Md. R.F.D.

17. Burial Date thereof Dec. 5, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Evergreen Cemetery

Location Berlin Md.

18. Funeral director James I. Burbo

Address Berlin Md.

19. 12/4/48 LeRoy Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 2, 1948, at 5:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1, 1945 to Dec. 2, 1948
and that I last saw him alive on Dec. 1, 1948

Immediate cause of death Acute Pulmonary Edema

Due to Hypertensive Cardiovascular

Renal Disease

Due to

Other conditions Diabetes Mellitus

decubitus ulcer
(Include pregnancy within 3 months of death)

Major findings of operations fracture Right hip

Date of op. Aug 10, 1948

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide false Date of August 10, 1948

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury opened a door, the dog rushed in, Mrs Johnson fell on the dog and broke her right femur

23. SIGNATURE Robert L. La Mar, M.D.
M.D. or other

Address SNOW HILL Date signed 12/4/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 8 1948

BUREAU V/S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Incorrect age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

12975

353

1. PLACE OF DEATH:

County Worcester
 City or town Bishop, Md. R.D. #2
 (If outside city or town limits write RURAL and give nearest town)
 How long in above place of death? 3 yrs.
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Worcester
 City or town Bishop, R.D. #2
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Raymond Johnson

3. (b) Social Security Number

4. Sex Male 5. Color or race colored 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Aug. 30, 1932 6.(c) If alive, give age _____ years

8. AGE: Years 16 Months 3 Days 13 If less than one day _____ hrs. _____ min.

9. Birthplace Shawell, Worcester, Md.
 (Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name William Jones

13. Birthplace Md.

14. Maiden name Essie Johnson

15. Birthplace Md.

16. Informant Essie Johnson

Address Bishop, Md. R.D.

17. Burial Date thereof 12-17-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Evergreen

Location Berlin Md.

18. Funeral director Henry W. Watson

Address Pocomoke City, Md.

19. 12/14 19 48 Mrs. Roy Bugby Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 13 19 48 at 8:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 19 48 to Dec 13 19 48

and that I last saw him alive on Dec 1-48 19 48

Immediate cause of death Muscular Dystrophy

DURATION

?

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Clifford E. Schutt M. D. or other _____

Address Berlin Md. Date signed _____

RECEIVED

JAN 4 1949

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 12976 350

1. PLACE OF DEATH:

County Worcester
 City or town Pocomoke
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State MD County Worcester
 City or town Pocomoke
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2(a) If veteran, name war _____

3. (a) FULL NAME

Columbus W. Maddox Sr.

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 8. (b) Name of husband or wife Anna Belle Maddox
 7. Birth date of deceased (mo., day, yr.) August 12 - 1887 6. (c) If alive, give age 57 years
 8. AGE: Years 61 Months 4 Days 6 If less than one day _____ hrs. _____ min.
 9. Birthplace Pocomoke Worcester Md.
 (Town, county, and state)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 18 1948 at 10:15 AM
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1948 to Dec. 18 1948
 and that I last saw him alive on Dec. 18 1948
 Immediate cause of death Pulmonary Tuberculosis DURATION 15 yrs
Cachexia 3 mos
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

10. Usual occupation _____
 11. Industry or business Cleaning & Pressing
 12. Name Samuel J. Maddox
 13. Birthplace Md.
 14. Maiden name Blenda Lankford
 15. Birthplace Md.
 16. Informant Mr. Columbus W. Maddox Jr.
 Address Pocomoke Md.
 17. Burial Date thereof Dec 21 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematorium Shells Hill Baptist Cem
 Location Pocomoke Md.
 18. Funeral director Henry S. Watson
 Address Pocomoke Md.
 19. Dec 20 1948 Anne E. White
 (Date rec'd by registrar) Registrar

Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.
 22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____
 23. SIGNATURE Louis J. Flewellyn, MD
Pocomoke City M. D. or other _____
 Address _____ Date signed 12/20/48

RECEIVED

DEC 23 1943

BUREAU Y. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12977

Reg. Dist. No. 350

1. PLACE OF DEATH:

County Worcester
 City or town Rural #2 Pocomoke road
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred: _____

How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Worcester
 City or town Pocomoke road
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Rural #2
 (If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Woodward S. Merrill

3. (b) Social Security Number _____

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Sally G. Merrill7. Birth date of deceased (mo., day, yr.) March 17, 1882 6. (c) If alive, give age 60 years8. AGE: Years 66 Months 9 Days 3 It less than one day _____ hrs. _____ min.9. Birthplace Rural #2 Pocomoke, Worcester Md.
(Town, county, and state)10. Usual occupation Farming

11. Industry or business _____

12. Name Major R. Merrill13. Birthplace Md.14. Maiden name Mary C. Merrill15. Birthplace Md.16. Informant Mr. Marion MerrillAddress Pocomoke Md.17. Burial Date thereof Dec 25, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Presbyterian CemeteryLocation Pocomoke Md.18. Funeral director Sherry & SonAddress Pocomoke Md.19. Dec 22 19 48 Anne E. White
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20, 1948, at 2 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 19, 1948 to Dec 20, 1948and that I last saw him alive on Dec 20, 1948

Immediate cause of death _____

Coronary Occlusion DURATION Several hours

Due to _____

Due to _____

Other conditions Atherosclerosis years

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury Heart Injured at work? _____23. SIGNATURE J. E. Artorius M.D. M. D. or other _____Address Pocomoke City Md. Date signed 12/20/48

RECEIVED

DEC 27 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

12878

353

1. PLACE OF DEATH:

County Worcester
 City or town Bishop
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 1/2 yrs
 Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

3. (a) FULL NAME

Joshua A. Morris

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widower6. (b) Name of husband or wife Annie May Morris7. Birth date of deceased (mo., day, yr.) Sept 13, 1870 8. If alive, give age — years8. AGE: Years 74 Months 3 Days 18 If less than one day — hrs. — min.9. Birthplace Del. (Town, county, and state)10. Usual occupation Farmer11. Industry or business Forming12. Name Jackson Morris13. Birthplace Ind.14. Maiden name Gertrude Hudson15. Birthplace Ind.16. Informant Alii MorrisAddress Selbyville, Del.17. Burial, cremation, or removal, which? Buried Date thereof Jan 3, 1949 (month) (day) (year)Cemetery or crematory O.O.F.Location Bishopville, Md.18. Funeral director M. R. H. WatsonAddress Selbyville, Del.19. 1/3 19 49 Dec. Roy B. B. B. Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Worcester
 City or town Bishop
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Rt. 1
 (If rural, give LOCATION)

2. (a) If veteran, name war —

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31 19 48, at 11:30 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1 19 48 to Dec 31 19 48and that I last saw him alive on Dec 31 (11 A.M.) 19 48Immediate cause of death UremiaDue to Cerebral EmbolusDue to ArteriosclerosisOther conditions Heart Disease

(Include pregnancy within 8 months of death)

Major findings of operations — Date of op. —Autopsy results — PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work? —23. SIGNATURE W. Garrett M. D. or other —Address Selbyville, Del. Date signed Jan 1, 1949

MARGIN RESERVED FOR BINDING

VS A16 9-45-15M

T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 4 1949

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:

County WorcesterCity or town Pocomoke
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 18 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Alberta Payne

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife:

7. Birth date of deceased (mo., day, yr.) March 11-1878

6. (c) If alive, give age _____ years

8. AGE: Years 70 Months 8 Days 26 If less than one day _____ hrs. _____ min.9. Birthplace Greenbackville Accomac Va.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Ebe Collins13. Birthplace Delaware14. Maiden name Conelia Collins15. Birthplace Virginia16. Informant Mrs George W. ReedAddress Pocomoke Md.17. Burial Date thereof Dec 9 1948
(Burial, cremation, or removal) Which? (month) (day) (year)Cemetery or crematory Pinson Mc CountryLocation Rural Pocomoke Md.18. Funeral director Henry W. WatsonAddress Pocomoke City Md.19. Dec 9 1948 Anne E. White
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WorcesterCity or town Rural Pocomoke
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2. (a) If veteran, name war _____

MEDICAL CERTIFICATION

20. DATE OF DEATH December 7 1948 at 6:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

14 July 1947 to 7 December 1948and that I last saw him alive on 7 December 1948Immediate cause of death Coronary Arteriosclerosis due toConstriction of Colon at theHepatic flexure

Due to _____

Due to _____

Other conditions Severe Arteriosclerosisof the Coronary of the Colon

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results not performed

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Norman E. Sartorius, Jr.Pocomoke Md. Date signed 9 Dec '48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:

County Worcester
 City or town Rt. 1 D. 42 Pocomoke
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 31 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State Maryland County Worcester
 City or town Rt. 1 D. 42 Pocomoke Md
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Herbert Schramm

3. (b) Social Security Number

1

4. Sex

Male White married

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife Kathrine Viola Schramm

7. Birth date of

deceased (mo., day, yr.)

August 3 - 18736. (c) If alive, give age 70 years

8. AGE:

Years

Months

Days

If less than one day

75 4 16 hrs. min.

9. Birthplace

Berlin Germany
(Town, county, and state)

10. Usual occupation

tin smith

11. Industry or business

Mechanics

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematorium

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

Dec. 22 1948Anne E. White

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

December 1948 at 2:45 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Mar. 5th 1946 to Dec 19th 1948and that I last saw him alive on Dec 17th 1948

Immediate cause of death

Myocardial Infarction

Due to

Due to

Other conditions

Hypertension
Rheumatism
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE

H. E. Artomus, M.D.
M. D. or other _____
Address Pocomoke City Md. Date signed 12/20/48

RECEIVED

DEC 27 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:

County Worcester
 City or town Pocomoke City, md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? all life
 Hospital, institution, or street address where death occurred: home
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester
 City or town Pocomoke (Burrell)
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Pocomoke, md.
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Mary E. Elizabeth Selby

3. (b) Social Security Number

4. Sex

Female

5. Color or race

negro

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

Frank Selby

7. Birth date of

deceased (mo., day, yr.)

September 24, 1880

6. (c) If alive, give age

years

8. AGE:

Years

Months

Days

If less than one day

68223

hrs.

min.

9. Birthplace

Pocomoke City, md.

(Town, county, and state)

10. Usual occupation

housewife

11. Industry or business

FATHER

12. Name

John Carr

13. Birthplace

Pocomoke City md.

MOTHER

14. Maiden name

Sarah Brittingham

15. Birthplace

Pocomoke, md.

16. Informant

Vesta King

Address

Pocomoke City, md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

12/24/48

Cemetery or crematory

St. James

Location

Pocomoke, md.

18. Funeral director

Booker M. Welsh

Address

Dalesbury md.

19.

(Date rec'd by registrar)

Dec 23, 48Ann E. White

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec 21, 1948, at 4:48 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1948 to Dec 21, 1948

and that I last saw him alive on

Dec 21, 1948

Immediate cause of death

Chronic Myocarditis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings at operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed 12-23-48

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
DEC 27 1948
BUREAU V. I.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

12982

355

1. PLACE OF DEATH:

County Worcester
 City or town Rural - Berlin
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 40 years
 Hospital, institution, or street address where death occurred:
Rt. 113rd
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester
 City or town Rural - Berlin
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Berlin - Newark Rt. 113rd
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Sewell A. Warren

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced widowed
 6.(b) Name of husband or wife Martha J. Warren
 7. Birth date of deceased (mo., day, yr.) Sept. 24, 1866
 6.(c) If alive, give age - years
 8. AGE: Years 82 Months 2 Days 24 hrs. min.

9. Birthplace Berlin Wor.Co. Md.
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
 12. Name Albert Warren
 13. Birthplace Berlin, Md.
 14. Maiden name Mary E. Rayne
 15. Birthplace Powellsville, Md.

16. Informant J. E. Warren
 Address Berlin, Md. R.F.D.

17. Burial Date thereof 12/21/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Evergreen Cem.
 Location Berlin, Md.

18. Funeral director Anna R. Buehner
 Address Berlin Md.

19. 12-20 1948 Helen F. Hayward
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 18, 1948, at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on Dec. 18, 1948

Immediate cause of death

Chr. Nephritis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas. R. Law MD
 M. D. or other

Address Berlin Md Date signed 12-20-48

RECEIVED

DEC 27 1948

BUREAU T. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

355

1. PLACE OF DEATH:

County Worcester
 City or town Rural - Berlin, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 34 years
 Hospital, institution, or street address where death occurred: R.F.D. 1#

How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester
 City or town Rural - Berlin
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. R.F.D. 1#
 (If rural, give LOCATION)

2.(a) If veteran, name war -

3. (a) FULL NAME

John Henry Widgeon

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Lucy May Widgeon
 6.(c) If alive, give age 64 years
 7. Birth date of deceased (mo., day, yr.) Oct. 4, 1874
 8. AGE: Years 74 Months 2 Days 8 If less than one day _____ hrs. _____ min.

9. Birthplace Showell, Wor. Co., Md.
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
 12. Name John H. Widgeon
 13. Birthplace Showell, Md.
 14. Maiden name Cathern M. Widgeon
 15. Birthplace Showell, Md.

16. Informant Mrs. Lucy M. Widgeon
 Address Berlin Md. R.F.D. 1#

17. Burial Date thereof 12/14/1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Evergreen Cem.
 Location Berlin, Md.

18. Funeral director Anna A. Burboon
 Address Berlin Md

19. 12-14 1948 Helen F. Hayward
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 12, 1948 at 10 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1, 1948 to Dec 12, 1948and that I last saw him alive on 12-8-48Immediate cause of death chronic myocarditisDue to Hypertension

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Clifford E. Ischell
M. D. or other _____Address Berlin Date signed _____

